



Letter to the Director

[Translated article] Inhalation Devices and Climatic Change



Dispositivos de inhalación y cambio climático

Al Director:

I am writing in relation to the editorial that appeared in your journal entitled “SEPAR’s year: Air quality. SEPAR statement on climate change”.¹

In this article, Cabrera López, et al. claim that pulmonologists and all other professionals involved in respiratory medicine have a clear responsibility for the health of their patients, and this includes reducing the carbon footprint of the health sector as far as possible; I think we can all agree with this statement. SEPAR urges action to reduce the carbon footprint from both a personal and a professional point of view, and is committed to leading management-level actions aimed at achieving a more sustainable health system. One of the recommendations proposed by SEPAR to reduce climate change is to prioritize dry powder and fine mist inhalers over MDI, provided they meet patients’ needs.

Current consensus documents, guidelines, and available evidence in asthma and COPD indicate that insufficient or incorrect use of inhaled therapy is the main reason for lack of therapeutic compliance and control in asthma patients and persistent symptoms in COPD patients. Moreover, rescue therapy still accounts for more than half of the MDI inhalers used in Spain and is a marker of lack of control and risk of morbidity and mortality in asthmatic patients.^{2–4}

The choice of inhaler is key in routine clinical practice, as patients may have specific difficulties (cognitive, neuromuscular, severe airflow limitation, etc.) or preferences that may hinder or prevent them from using a certain type of inhalation device properly.^{5,6}

From my personal experience as a primary care physician with a particular interest in respiratory medicine, I believe that all these

factors should lead us to reflect on the risk of prioritizing the type of inhalers used by asthmatic or COPD patients, unless such switches are performed for purely clinical reasons that consider the specific needs of each patient.

It is also important to consider the additional patient training that would be required if an expedited policy of switching devices were implemented, a situation that would also be aggravated by the logistical difficulties associated with the current pandemic situation. Any such changes, in my opinion, should be gradual.

References

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